

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90242 020 ***150.00

| | | | |
|--|---|---|--|
| DOCUMENT # P04000024753 1. Entity Name EXPRESS CATERING COMPANY, INC. | | | |
| Principal Place of Business 480 U.S. HIGHWAY 1 SEBASTIAN, FL 32958 | | Mailing Address 480 U.S. HIGHWAY 1 SEBASTIAN, FL 32958 | |
| 2. Principal Place of Business 335 53rd COURT Suite, Apt. #, etc. | | 3. Mailing Address 335 53rd COURT Suite, Apt. #, etc. | |
| City & State VERO BEACH, FL Zip 32968 Country USA | | City & State VERO BEACH, FL Zip 32968 Country USA | |
| 4. FEI Number 51-0497962 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 02252006 Chg-P CR2E034 (11/05) | |
| 6. Name and Address of Current Registered Agent PACICCA, GLENN 480 U.S. HIGHWAY 1 SEBASTIAN, FL 32958 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 335 53rd COURT City VERO BEACH FL Zip Code 32968 | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D <input type="checkbox"/> Delete PACICCA, GLENN 480 U.S. HIGHWAY 1 SEBASTIAN, FL 32958 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PSD 335 53rd COURT VERO BEACH, FL 32968 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VTD SUZANNE PACICCA 335 53rd COURT VERO BEACH, FL 32968 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE: X <i>Glenn D. Pacicca</i> | | Date 3/27/06 Daytime Phone # (772) 480-1636 | |